

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573925

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/				
2			/				
3			/				
4			/				
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6			/				
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48			/				
49			/				
50			/				
TOTAL IND.			18				
TOTAL DEP.			32				
TOTAL CLAIMS			50				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51			/				
52			/				
53			/				
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							